

SECTION 2 POLICIES AND PROCEDURES**RESIDENTIAL SERVICES****SEXUAL OFFENDER
TREATMENT SERVICES
(FORMERLY SPECIALIZED
TREATMENT SERVICES
FOR SEXUAL OFFENDERS)****Definition**

The **Sexual Offender Treatment Services** program involves specialized services provided in conjunction with Medicaid-enrolled high or moderate management residential rehabilitative services. These services have trained staff and programs designed for children who exhibit sexually aggressive behavior. These children are not able to function successfully in a community environment due to their history of sexual abuse of other children/adolescents, and the potential for recurrence of sexually offending behaviors.

This specialized treatment program is designed for sexual offenders under the age of 21, and must provide the structure, supervision, and array of services necessary to treat this special population. This program must be tailored to the age, diagnosis, and background (*i.e.*, history of sexually abusive behavior) of each child being served.

In order for placement in this program to be appropriate, the child must exhibit behaviors that place them at risk. Examples of behavior exhibited by sexual offenders may include: previous victimization, sexual assault, sexual deviance, violent aggression (severe physical acting out), fire setting, or abusive acts toward animals.

There must be either:

1. A court adjudication of guilt for a sex offense

OR

2. A court adjudication of guilt on a pled-down offense that was originally a sex offense, and
3. A significant and well-documented history (*i.e.*, self report, witness testimony, treatment history, assessment) of sexual aggression supported by an independent clinical psychosexual assessment by a qualified (by training and experience) child behavioral health professional that documents the existence of the sexual disorder.

SECTION 2 POLICIES AND PROCEDURES**RESIDENTIAL SERVICES****Definition (Cont'd.)**

Those youth not adjudicated for any offense, but who meet the criteria of #3, should be reviewed by the sponsoring state agency's designated child behavioral health professional for confirmation of need and benefit of specialized residential treatment services. Placement of such youth in a sex offender treatment program should only occur with the informed consent of the legal parent/guardian.

Medical Necessity Criteria and Prior Authorization

Sexual Offender Treatment Services must be recommended by a physician or other Licensed Practitioner of the Healing Arts. The child's current problem areas and current need for services shall be appropriately documented through the practitioner's completion of a Medical Necessity Statement. Sexual Offender Treatment Services must also be pre-authorized by the designated referring agent.

The designated referring agent shall supply the treatment provider with the following at the time of admission:

- A completed Medical Necessity Statement
- A completed Referral Form/Authorization for Services (DHHS Form 254)
- A completed Sex Offender Protocol Endorsement Sheet (See Section 5)

Faxed copies are acceptable. The original forms must be provided within 10 days of admission.

Note: If a beneficiary is to receive both TBS (High/Moderate Management) and Sexual Offender Treatment Services, authorization for both services can be provided by just one Medical Necessity Statement and one DHHS Form 254.

Program Staff

In addition to the involvement of the Lead Clinical Staff (LCS) required by the TBS (High/Moderate Management) programs, the Sexual Offender Treatment Services program requires that a Sexual Offender Treatment Specialist (SOTS) be involved in providing and supervising the treatment services. An SOTS is an LCS who has received a minimum of 45 hours of advanced training and certification in treatment of the adolescent sexual offender. An SOTS also must receive a minimum